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## Women's Health Transnational Networks

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### Abstract

The emergence and diffusion of global networks working around health issues with a gender perspective (gender & health organizations) is a relatively new phenomenon characterizing the last three decades with growing interest in gender studies, sociology of health and sociology of social movements. A transnational dimension seems to be more fit to negotiate women's different conditions and interests – compared to traditional ones, whose actions remain limited to national arenas. We carried out exploratory research of about 284 international health-related organizations. Here we are going to present the results of a quantitative survey of 48 of them, dealing specifically on women and gender inequalities, and the outcomes of a qualitative investigation on 2 of them. In this essay, we focus on transnational organizations' missions, activities and strategies.

### Keywords

gender, reproductive rights, global networks, social movements, empowerment

### Introduction

Beginning in the 20th century, health became a field of social action, increasingly crossing all types of borders. Today health is one of the objects of social policy deeply invested by globalization processes.<sup>1</sup>

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\* This research project is collaborative. "Conceptual framework" and "The quantitative research methodology" has been written by Giovanna Vingelli; "Quantitative research results" and "Qualitative research results" has been written by Laura Corradi. Introduction and Conclusions have been elaborated together by both authors.

<sup>1</sup> Different definitions of globalization: a) process of production concentration (Chase-Dunn 1989; Wallerstein 1973), b) market-driven process of political and economic alliances and interdependencies (Keohane and Nye 1972), c) homogenizing cultural force (Appadurai 1996). For a debate review, see Guillen 2001 and Robertson 1992.

While in the late XIX and early XX centuries most health promotion and protection efforts occurred within national boundaries, as part of a national agenda,<sup>2</sup> today public health is commonly assumed to be of global concern: activities and projects are progressively promoted and co-ordinated by organization networks and international agencies. Even though some of the latter started to be active on health-related themes in the XVI century, it was at the end of the XX century – especially after World War II – that activities and networking rapidly increased. After its birth in 1948, the World Health Organization (WHO) has acted as organizational guide of (mostly national) policies and health activities.

Since then, many governmental and non-governmental organizations decided to enter the health field; among them, Save the Children (1919), the United Nations Children's Emergency Fund (UNICEF, 1946), and the International Alliance of Women (1980). Other organizations were conceived precisely with the goal of working on health at the international level. Eventually, intervening on health also became one of the World Bank's areas of interest; for poor governments this meant public health could turn into an object of barter, as a condition of loan money – with tremendous results on the affected populations.

In the same period, WHO changed the definition of health and its meaning: from 'the absence of illness' to a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO Constitution, 1948). Even though the new definition has been criticized in literature as being 'utopistic' – one never gets to such a state – the new definition of health was an important step forward in terms of looking at social and economic inequalities affecting health standards among different populations.

## **Conceptual Framework**

During our work we have encountered a diverse terminology both in order to define health and gender organizations (associations, networks, coalitions, NGOs, consortium) and to indicate their action span (international, global, world-wide, transnational).<sup>3</sup> For the purpose of this article, we are

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<sup>2)</sup> Inoue 2003.

<sup>3)</sup> Khagram, Riker, and Sikkink (2002) usefully distinguish between transnational networks, coalitions and advocacy campaigns – and social movements, which respectively involve informal transnational contacts, coordinated tactics, and the mobilization of large

going to use the term ‘transnational’ since it is the most used in recent literature on social movements and globalization.<sup>4</sup> We are aware this definition can be criticized, since it recalls the original use to indicate transnational corporations.<sup>5</sup> However, at the present time it seems to be the only term best encompassing the experiences we found in our research. We are going to use “transnational organization” as a working definition: an umbrella term referring to organized advocacy groups that undertake voluntary collective action across state borders in pursuit of what they believe to be the wider public interest.

As Leslie Sklair posits: “For many writers the terms international, transnational and global are used interchangeably, but this can be confusing.”<sup>6</sup> With him, we define *international* as those relations between states, and actions of international institutions implemented under their directives. While the term *transnational*, according to Nye and Kohane has to be referred only to non-state actors and mobilizations – and “contentious” border-crossing social movements.<sup>7</sup> We adopted the term *global* to describe both actions and goals of transnational and international actors for the creation of a world-wide civil society.<sup>8</sup> In other words, by internationalization we mean the extension of activities across national boundaries, a *quantitative* process which leads to a more extensive geographical pattern of activity. By globalization, we indicate a process involving not merely “the geographical extension of economic activities across national boundaries but also – and more importantly – the functional integration of such internationally dispersed activities.”<sup>9</sup> We believe “international” should be used exclusively for organizations which are not based on the principle of

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numbers of people in protest. Civil society in general is commonly employed to refer to a “third system” of agents, namely, privately organized citizens as distinguished from government or profit-seeking actors.

<sup>4</sup> Transnational advocacy organization is a broad definition, describing the activity of advocate networking beyond national borders, which refers to “networks of activists distinguishable largely by the centrality of principled ideas or values in motivating their formation [...] bound together by shared values, a common discourse and dense exchanges of information and services [...] Activists in networks try not only to influence policy outcomes but to transform the terms and nature of the debate” (Keck and Sikkink 1998: 1–3; see also Snow, Rochford, Warden and Benford 1986, Tarrow 2001).

<sup>5</sup> Vargas 2005.

<sup>6</sup> Sklair 2001, p. 2.

<sup>7</sup> Nye and Kohane 1972.

<sup>8</sup> Sklair 2001.

<sup>9</sup> Dicken 1998, p. 5.

subsidiarity, organizations in which power is maintained in the coordinating centre rather than distributed in local units. As Huntington specified: “Nations participate in international organizations; transnational organizations operate within nations. International organizations are designed to facilitate the achievement of a common interest among many national units. Transnational organizations are designed to facilitate the pursuit of a single interest within many national units. The international organization requires *accord* among nations; the transnational organization requires *access* to nations. [...] International organizations embody the principle of nationality; transnational organizations try to ignore it.”<sup>10</sup>

Given the above premises, for the purpose of our research project, the working definition of “transnational gender and health organization” will indicate only those with the following features: a) self-identification as a health organization with a main focus on women and gender differences; b) the possibility of counting on members and/or activities in at least two countries (excluding coordination office).

### The Quantitative Research Methodology

In the exploratory phase, we first decided to quantify the organizations operating on health at a transnational level. Then we separated those dealing specifically on women and gender inequalities in health, and in a third phase carried out the survey via questionnaire. The first phase of our research found its sources in the *Yearbook of International Organizations*<sup>11</sup> from which we organized a database. The yearbook provides information on international organizations’ location, history, goals, activities, finances and structure. Organizations are classified by subject (e.g., health, human rights, or environment) and legal status.

At first sight, by 1999 the *Yearbook* numbered over 2,600 international organizations whose primary goal – regardless of gender – was health-related. This represented some 5 percent out of a total of over 55,000 international organizations. Its definition appeared to have included as ‘international’ also those national organizations ‘managing at least one

<sup>10</sup> Huntington, 1973, p. 7.

<sup>11</sup> The *Yearbook of International Associations* is the most comprehensive, annual census of international associations. The *Yearbook* is edited by the Union of International Associations (UIA), which was formally charged by the United Nations with the task of assembling a regular database of all international and transnational organizations.

project in a different country' – while our working definition is more narrow: it refers to 'the relationship between at least two equal partners, located in different countries'.

By applying our standard, the number was reduced to 284 transnational organizations, which we entered in a database. The next step was the selection of women's health-related organizations. We used two criteria: a crossed classification between two keywords: 'health' and 'women', inside the Union of International Association's subject-head; then, the results were compared with organizations' self-identification. This data was then intersected with the Global Health Database, updated to year 2006. At the end of this process, our dataset included 48 international organizations with the feature of dealing primarily with women's health.

By analysing each organization, we checked for 10 variables in order to assess the organizational self-definition; 'level of globalization' (whose principal indicator we identified in the geographical extension of their action); number of years of activity; mission; action methods; target populations; present networking capacity; quantity of international projects ongoing and carried out in the last five years; size of staff and amount of budget. We sent a questionnaire – and solicited two times over two months – to our selected sample of 48 organizations (appendix 1). Most of them (41 organizations, i.e., 90 percent) answered. We succeeded in gathering the needed data – with only exceptions of budget amount (only 15 answers out of 41) and size of the staff (19 out of 41).<sup>12</sup>

## Quantitative Research Results

Our attention focused on a restricted number of indicator-variables in two areas: those that referred to action methods (policy analysis, networking/information sharing, service and financial provision, campaigning, lobbying, professional/technical assistance, education/training/capacity building, research, publishing) and those that referred to the mission (development, HIV, violence, female genital mutilation, reproductive rights, professional, humanitarian, empowerment). While the range of activity between members of transnational networks may vary, all have interestingly similarities. They are typically formed by non-state actors, which share information on common issues and focus on a specific area.

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<sup>12)</sup> Whereas incomplete answers were offered, we are not going to discuss such findings in this article.

*Results on 'Mission'*

We examined gender-health related transnational organizations as a strategic form of network and coalition geared to influence international health actors. Among the 41 organizations, one is a corporation, involved in research on health (Intrahealth); two of them (Awhonn and International Confederation of Midwives) are professional organizations of nurses and midwives; nine of the respondents are networks of scientists and experts whose professional ties underpin their efforts to influence politics; in Haas' terms they are "epistemic communities."<sup>13</sup> The majority (29 out of 41) are networks of activists, which are distinguishable by the emphasis of their political ideas and ethical values. All respondents answered in a satisfactory way about their organizational self-definition (see Table 1) and their mission (see Figure 1).

By analyzing the results, we identified four patterns: the first regards the three oldest organizations of our sample, conceiving health as a form of charity, and focusing on nursing and care giving. A second mission pattern (represented by 2 organizations) considers health from a professional

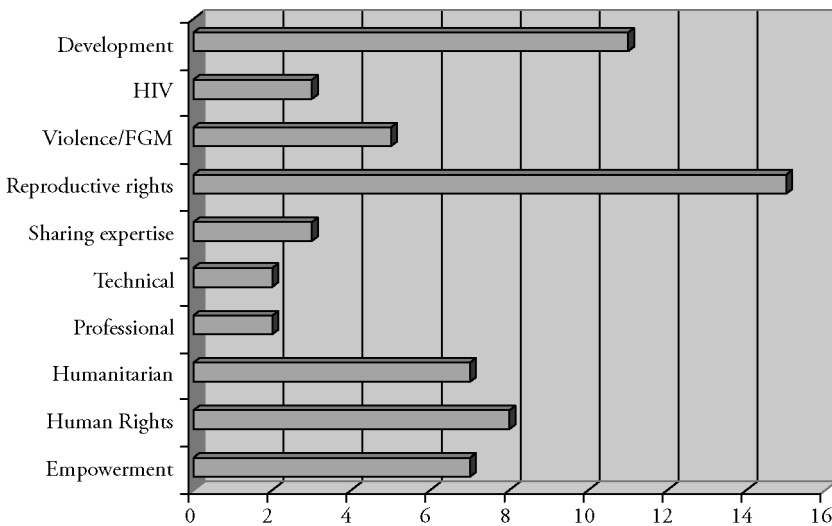


Figure 1. Organizations Mission

<sup>13</sup>) Haas 1992.

*Table 1* Transnational organizations self-definition and organizational make-up

PROFESSIONAL	NETWORK/TRANSNATIONAL ORGANIZATION	INTERNATIONAL COALITION	INTERNATIONAL NGO/NON PROFIT	INTERNATIONAL CORPORATION	INTERNATIONAL CHARITY/HUMANITARIAN
Awhonn	Women's Action Network	Iwhn	EngenderHealth	Intrahealth	Care
International Confederation of Midwives	Astra	Europa Donna	Msci		Mihv
	Svri	Rhrc	Cedpa		Women and Children First
	Rainbo/Amanitare	Arrow/Whrap	Center for Reproductive Rights		Wiphn
	Ippf		Change		Path
	Eurongo's		Ippf/Whr		Family health International
	European Network for Global Health		Family Care International		
	Icw		European Institute for Women's health		
	Gawh		Pathfinder International		
	Wgnrr		Ipas		
	Ibfan		Interact Worldwide		
	Lacwhn		Pihv		
	Madre		Ibis		
	White Ribbon Alliance for safe Motherhood				
	Wari				
	<i>Model 1 – Charity/Humanitarian</i>				
	<i>Model 2 – Professionals</i>				
	<i>Model 3 – Development</i>				
	<i>Model 4 – Human rights</i>				

standpoint: they are international health-related professional associations, serving as liaisons (in terms of organizing workshops and conferences), offering educational courses and sources of technical support (expert guidance).

Most of the third group is composed by international organizations founded after 1960, which consider promotion of health as 'a tool for economic development'. The focus of this third mission pattern (represented by 12 organizations) is on health as a means for enabling the full utilization of human capital: the social role of health is not detached from the goal of 'development promotion'. Lastly, most health-related international organizations founded after 1990 consider health as a 'basic human right', focusing on the role of healthcare and its social impact. Among our 41 respondents, the 29 gender related health organizations in the fourth



group represent the majority, showing a specific emphasis on empowerment and rights. A more sophisticated analysis would point out how, in the same category, we can bear witness to the co-presence of different types of conflicting self-definitions: e.g., ‘humanitarian’ and ‘developmental’ organizations, characterised by an acceptance of the status quo (and acting a traditionally uneven North–South relationship) coexist with organizations having social change and gender justice at the global level as a primary goal.

Gender-health related organizations cooperate to promote women’s interests. The immediate benefit is a greater strength, precisely because of the opportunity of voicing shared positions and enhancing informal access to information. Transnational networks require a high level of commitment between members, connecting with grassroots and organizing at the national and global levels. Research results reveal that most of our respondent organizations have moved beyond information sharing, and now aspire to influence governments both locally and internationally.

### **Results for ‘Activities’**

According to our survey, transnational organizations are concerned with a multiplicity of actions and ongoing projects. Depending upon local resources and restraints, different organisation targets may be over emphasised at the expense of others. We are talking about networks of organizations, where the personality of activists also affects pursuits and activities. Scholars such as Keck and Sikkink (1998) have produced a large ‘menu’ of *what and how* action is carried on. These authors usefully summarize the range of goals transnational organizations try to achieve in order to both force health & gender issues on the international agenda, and to affect policy change, institutional procedures and decision-makers’ behaviour. In theory, transnational networks should be operating to change the environment within which international actors operate – that is, the structures of power and meaning – instead of limiting their action to needs, interests and identities.

The diversity of findings – especially related to the range of doings within organizations – creates some hardship in systematically mapping their activities and aspirations. In Figure 2, we attempted to synthesize a complex universe, by creating ten main categories of actions. As evidence from results indicates, 24 organizations are committed in education, training

and capacity building; 22 in advocacy,<sup>14</sup> 14 in networking and information sharing; 10 in lobbying and campaigning. Transnational networks facilitate the creation of policy expertise among activists, through the exchange of information and knowledge across borders, and relations with experts, and policy makers, in a *milieu* characterised by co-presence of insiders and outsiders sharing an interest in creating 'global expertise'.

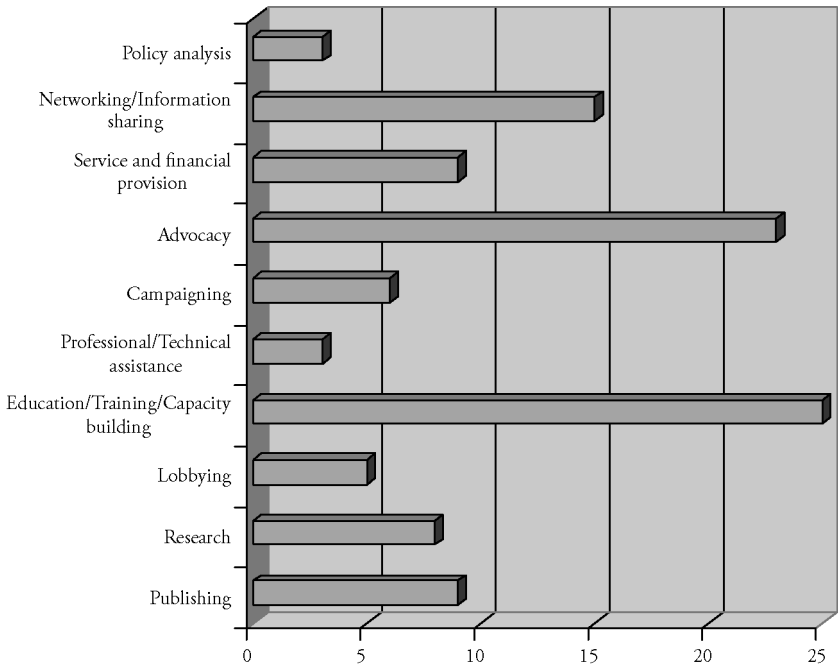


Figure 2. Organizations Activities

<sup>14</sup> Advocacy is an attempt to influence change at the institutional level. Keck and Sikkink (1998, p. 8) describe advocacy networks as 'plead[ing] the causes of others or defend[ing] a cause or proposition. [Advocacy groups] are organized to promote causes, principled ideas, and norms, and they often involve individuals advocating policy changes'. Lobbying involves engaging with policy makers with the purpose of influencing their action. Campaigning involves mobilizing support towards specific targets, such as a government, Who or corporations. Lobbying and campaigning both require different tools and tactics. Lobbying requires the art of persuasion, expert knowledge and negotiating skills. Campaigning and mobilizing people around an issue moves lobbying to overt public forums, like TV screens and streets.

According to our survey, women's health organizations differ from traditional grass-roots organizations through: 1) their relationships to broader movements committed to social change; 2) new types of leadership; 3) relationships to sponsors; 4) educational goals; and 5) professional expertise. The proliferation of newcomer organizations dilutes the traditional role of grass-roots groups and challenges their monopoly on the production of gendered information on health. Moreover, transnational organizations contribute in creating a global arena in which gender and health related organizations become progressively professionalized and expert social networks.

### Qualitative Research Results

Among the 41 respondents, we have chosen two for the qualitative study: their differences appeared to us particularly meaningful. The first, *Women's Global Network for Reproductive Rights*, tends to behave as a large organization of global feminism, with a strong autonomous extra-institutional emphasis, and 'radical' political activism. The second, the *International Women's Health Coalition*, shows the physiognomy of a 'mainstream' organization – the principal strategy of which is based on upon the research of an equilibrium between institutions and associations involved in social movements.

### The Women's Global Network for Reproductive Rights (WGNRR)

The Women's Global Network for Reproductive Rights was born in 1984. A couple of decades later, the net numbered 2000 subscribers (autonomous organizations and individuals) in 157 countries of the world. As in their mission statement, a central role is played by a commitment in the field of sexual and reproductive rights, defined as "a series of interrelated, basic human rights which enable women to have safe, responsible and fulfilling sex lives and the freedom to decide if, when and how often to have children, free from coercion, discrimination and violence. This includes the right of

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Campaigning requires a simple message and objective. Its purpose is to mobilize supporters by using the media to put pressure on decision-makers. It is typically adversarial, but they also serve other purposes: influencing policy is the major factor, but campaigns can also serve as vehicles for fundraising and increasing the visibility of an organization.

access to safe, legal abortion. Reproductive and sexual rights apply throughout a person's life cycle and are regardless of nationality, class, ethnicity, race, age, religion, disability, sexual orientation or marital status."<sup>15</sup>

The enterprise of acting politically and globally upon broad fields such as sexuality and reproduction may look like a titanic one. Instead of facing all problems at once, the Women's Global Network on Reproductive Rights has chosen the strategy to work on a 'single campaign' basis: an annual *Call for Action* is issued on specific topics, with a program which includes participation in relevant international meetings, networking and coalition-building. The net offers critical and feminist analysis and consistently places issues of **sexual and reproductive rights** within the larger socio-economic context.

WGNRR holds regular meetings among women's health groups committed in campaigns and publishes a quarterly Newsletter on paper, which is sent to members all over the world. The distribution of subscription is quite balanced: an almost perfect partition among continents (see Figure 3). A website in three languages is carefully updated around campaigns, issues, alerts, news, and publications. Moreover, materials produced by women's health organisations from all over the world have created a "specialised archive", in order to increase the public access to relevant materials: books, videos, papers, magazines and promotional brochures.

WGNRR has developed a way of functioning that provides its members with flexible tools for action which can be used in different ways according to their needs, connecting members and demanding women's sexual and reproductive rights on the agenda of national governments, international bodies, civil society organisations, and the private health sector. WGNRR

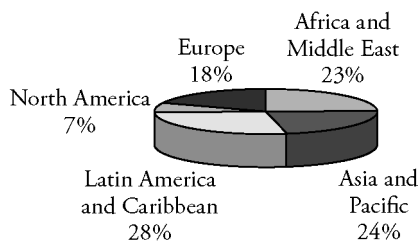


Figure 3. WGNRR Geographical Membership

<sup>15</sup> <http://www.wngr.org>

has a vision of a world free from social, political, cultural and economic oppression, in dignity and good health – where women’s contribution to reproducing and sustaining societies is respected and valued. The sharing of such a vision and the agreement around methodology are the sole ‘rules of affiliation’, a minimum common denominator that allows diversity to work in synergy.

Since the living and health conditions of women differ worldwide and their struggles have geographically limited dimensions, the networking strategy is based upon the support of local groups “by breaking down their isolation and making them feel part of an international community. Members work together locally and internationally by sharing information, analysing the diverse experiences, supporting each other and strategising to overcome problems. All members feel supported while they work in their own way towards the shared aim of achieving reproductive and sexual health rights for all women. In this way the network keeps in touch with the pulse of the reproductive and sexual health rights movement, and can thus address new challenges through the members”.<sup>16</sup> Emphasis on autonomy and organizational relativism seem to be both necessary ingredients for internal democracy and peer interaction: “We work on the basis of equal relationships and input from our members rather than as a disciplined, ideologically homogeneous, centrally controlled organisation. We believe that each group or individual is the best judge of their own situation and should choose their own approach”.<sup>17</sup>

Every 28th of May a booklet is issued in thousands of copies and distributed worldwide to mark the *International Day of Action for Women’s Health*. The ‘Call for Action’ aims to inspire members to take a stand, mobilize and advocate for an important theme, and each organization can produce different types of political answer. In 2006 the focus was on the impact of health sector reforms on women’s ability to have access to sexual and reproductive health. The talent of the net to mobilize – maintaining the respect of members’ diversities also in medium-term effort – is proven by the achievement of a globally active Women Access to Health Campaign.

The Women’s Global Network on Reproductive Rights participates in international meetings and gives workshops at conferences such as: the European Social Forum, the World Social Forum, the International Women’s Health Meeting – and takes part in area-projects such as “Amanitare.”

<sup>16</sup>) <http://www.wngr.org>

<sup>17</sup>) <http://www.wngr.org>

This was the name of an African queen, known for her fighting spirit and strength in ancient Nubia: one of the first women rulers in recorded history. Today Amanitare is a ten-year initiative (1999–2009) with a mandate derived from the outcomes of The World Conference on Human Rights (Vienna 1993), The International Conference on Population and Development (Cairo 1994), and The 5th World Conference on Women (Beijing 1995). During these conferences, several statements were drawn up by national governments emphasizing the importance of women's sexual and reproductive health and rights; and all forms of gender-based violence and violations were defined as unacceptable. Amanitare was born as an effort to facilitate the translation of principles embodied in these agreements into the daily realities of African women and girls. It aims to better the political, economic, social environment and to enable women to enjoy their lives without fear of control or coercion because of their sexuality or reproductive potential.

The network's strategy of building a common agenda with other constituencies and institutions has proven to be successful in originating social movements aimed to change the legal and cultural environment responsible for the status of poor sexual and reproductive health and lack of social rights of women and girls. A different new concept of 'social movement' seems to emerge here, as the political product of an aware strategic effort by activists instead of the spontaneous output of collective protests and mobilizations.<sup>18</sup>

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<sup>18)</sup> A good example about the organic connection between a global network of organizations and a new social movement is the following. The Women's Global Network on Reproductive Rights also partakes in the People's Health Movement – as the only women's organization in the steering committee. The People's Health Movement (PHM) is a global coalition of grassroots and health activist organisations dedicated to address the burden of preventable disease globally but in particular that carried by developing countries. The People's Health Movement and its members work with UNICEF, the World Health Organization and other United Nations' agencies. The goal of the People's Health Movement is "to re-establish health and equitable development as top priorities in local, national and international policy-making with comprehensive primary health care as a key strategy to achieve these priorities". Among the achievements of this movement: the Global Health Watch, the Global Health Report and the People's Health Assembly in Cuenca, Ecuador from July 17–22, 2005 with the participation of more than 1500 people from over 80 countries. Today the PHM is committed in the 'health now campaign' (see [www.phmovement.org](http://www.phmovement.org)).

The PHI supports the Women's Access Campaign promoted by WGNRR; and promotes campaigning for children. The latest "Save the UNICEF" denounces how a corporate

‘Global Networking and Advocacy’ is one of the main activities of WGNRR: raising awareness, building alliances, fostering solidarity and stimulating actions, by giving workshops, using campaigns, publishing critical and analytical material and networking with organisations worldwide. By improving the knowledge of struggles in the world, issues and achievements, the network improves the quality of activism, also generating a positive attitude toward new forms of action, and a non-sectarian behaviour in terms of coalition building, which may increase activism and its impact also from a quantitative point of view. Financial support for WGNRR comes from memberships and private donations. Grants for special projects have been received, amongst others, from the Dutch Ministry of Foreign Affairs, Global Fund for Women, the International Women’s Health Coalition, and various institutes for cooperation and faith-based donors.

### **International Women’s Health Coalition (IWHC)**

Founded in 1984 by Joan Dunlop and Adrienne Germain, the International Women’s Health Coalition works to build political will in order to secure girls’ and women’s sexual and reproductive health and rights, and influence governments policies, donors, and international agencies. Financial support is provided by private foundations, UN agencies, European governments, individuals and corporations. With an annual budget of \$ 6 million and 25 people as paid staff, IWHC is capable to articulate its action in three forms: a) providing professional assistance and financial support to local organizations in Africa, Asia, and Latin America, by distributing \$ 1.5–2 million annually; b) informing professional and public debates in the United States and abroad through policy analyses, reports on effective programs and strategies, and media outreach; c) advocating at intergovernmental conferences, and collaborating with the UN Population Fund, the World Health Organization, the World Bank, and other international agencies to produce essential policies and resource flows to benefit women and their families.

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lawyer with strong links to agribusiness (and no history in public health or human rights) has been appointed as the head of this important agency. The Movement also accomplished the creation of an International People’s Health University, whose aim is the one to contribute to ‘Health for All’ by strengthening people’s health movements around the globe, by organising and resourcing learning, sharing and planning opportunities for people’s health activists, particularly from Third World countries.

IWHC works to generate health and population policies, programs, and funding to promote and protect health rights of girls and women worldwide. IWHC believes global well-being and social and economic justice can only be achieved by ensuring women's human rights, health, and equality. According to the compiled questionnaire IWHC is committed in ensuring that women 1. are equally and effectively engaged in decisions that concern their sexual and reproductive rights and health; 2. experience a healthy and satisfying sexual life, free from discrimination, coercion, and violence; 3. can make free and informed choices about childbearing; 4. have access to the information and services they need to enhance and protect their health; 5. are granted health and rights as central to social and economic justice and global well being. As in their public mission statement: "When the fundamental rights of women are respected and their health and educational needs are addressed, then communities as well as nations are stronger, safer, and more stable".<sup>19</sup>

IWHC programs currently focus on the world's most challenging health and rights issues: comprehensive sexuality education for adolescents and young adults; access to contraceptive services and safe abortion, and protection of sexual rights: "By careful identification of civic leaders and sustained support for their programs, IWHC has bolstered local and national initiatives on women's health in Bangladesh, Brazil, Cameroun, India, Indonesia, Mozambique, Nigeria, Pakistan, Peru, and Turkey. Backed by IWHC financial and professional assistance, locals have become significant players and energizing forces in national, regional, and international policymaking."<sup>20</sup>

The IWHC played a central role in the UN conferences during the 1990s, which established global consensus on women's sexual and reproductive health and rights. Since 2001, this network has countered unilateral US foreign policies that would undermine countries' efforts to secure sexual and reproductive health and rights of women and population, the war in particular. On the other hand, IWHC still collaborates with the United Nations, the World Bank, and donor governments, in the effort to develop appropriate and effective policies and programs on women's health and rights. By focusing on the realities of women's lives, the network helped to shift contraceptive research priorities; promoted strategies to ensure gender equity in health, revealed the extent of reproductive tract infections

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<sup>19)</sup> <http://www.iwhc.org>

<sup>20)</sup> <http://www.iwhc.org>



and ways to prevent them; encouraged woman-controlled methods of protection against HIV. Most recently, IWHC was among key participants in the drafting and approval of WHO's first reproductive health strategy.<sup>21</sup>

## Conclusions

From a theoretical point of view, as our survey shows, it would be difficult to look at the examined gender and health organizations as fully 'transnational'. The 'international' aspect seems to prevail for two reasons: in most of the 41 respondents the only headquarter is located in Europe or in the US (see Figure 4); the dominant type of activity is geared toward 'cooperation', 'development' and 'relief' for women in stressed populations instead of 'equal partnership'.



Figure 4. Organizations Headquarters

<sup>21</sup>) Adopted at the 57th World Health Assembly (WHA) in May 2004 in response to a 2002 WHA resolution, the strategy identifies concrete steps for accelerating progress towards the attainment of international development goals and targets on reproductive and sexual health, as outlined in the Cairo Programme of Action and the UN's Millennium Development Goals (MDGs). IWHC played a critical role in the strategy's design, development, and introduction. The strategy focuses on five priority aspects of reproductive and sexual health: improving prenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer, and other gynaecological morbidities; and promoting sexual health. Contrary to the positions of 191 other member states, the United States delegation "disassociated" itself from consensus on WHO's reproductive health strategy.

As mentioned above, transnational organizations work in different cultural, political, and economic settings. A question here is unavoidable: how equal are the relationships between Northern and Southern members or within networks and coalitions? Some authors argue about the risk of 'ne imperialism', i.e. the tendency of some North-based organizations to set the agenda of Southern members, because of their privileges in accessing centres of power and economic resources.<sup>22</sup> Similarly, others suggest that Northern organizations claim legitimacy for 'representing' those in the South, and tend to speak on behalf of them without proper consultation, with partnership being little more than rhetoric, in practice.<sup>23</sup> Lewis carries this issue much further, indicating how partnership often becomes a vehicle for 'one way' types of influence, in exchange for much needed resources.<sup>24</sup>

The quantitative part of our research shows how sharing information and the specialization of competences are the common trait in all organizations – independently from their model, structure or priorities. Networking implies the production of an added value: the opportunity to access types of expertise locally unavailable. When it comes to lobbying and advocacy, strategies and tactics are quite different among the 41 respondents. Their activities as a pressure group are dependent upon goals and the type of relations gender and health organizations have with institutions. Many questions arise from this finding. Is it possible to identify an optimum degree of closeness/distance from institutions to allow the organizations to reach their goals without the risk of being co-opted? There is a strategic issue, the one of the relations between networks and institutions, with complex implications, since any action – pressure, lobbying, campaigning – increasingly engage with the international milieu. Access to professional experts and financial resources have a cost. The organizations allow single associations to be present in the centres of decision-making – Washington, New York, Brussels, Geneva – with a visibility never had before.

An increased closeness between networks and institutions may induce visions and praxis unwanted by grassroots movements represented in local associations, especially if their goal is oriented toward a radical change, in alternative to dominant social relations. Even when interface persons between organizations and institutions display empathy and similar world-

<sup>22</sup> Vianna 2000.

<sup>23</sup> Hudson 2000; Lister 2001.

<sup>24</sup> Lewis 2001.

views, such a collaboration is always problematic. On one side, the risk of a rapport of mere “complicity” – on the other the tendency of institutions to co-opt, even subsume, associations and activist groups.

Our two qualitative cases, WGNRR and IWHC, bring out several critical elements, in the heart of current debates about global civil society, and highlight women’s right to have a voice and a vote in global policy. These elements made such organizations particularly successful in terms of political impact. They have been created by a mass base of women activists who see themselves as direct stakeholders, and enjoy high levels of competence and right to representation. When WGNRR and IWHC leaders represent their movement in a forum, it is clear to all interlocutors how thousands of their members are standing behind them. This has an enormous impact, particularly in their capacity to engage and negotiate with formal institutions.

Differences between WGNRR and IWHC emerge in the analysis of long-term objectives and strategies adopted. Unlike WGNRR, IWHC aims at “bridging two worlds”: on one side the world of international women’s health and rights movements; on the other side, health institutions and large organizations such as UN, World Bank and WHO. Both WGNRR and IWHC support diverse networks trying to give them visibility and power in the regional and global context – yet, in a different way: while WGNRR acts like an international movement for women empowerment worldwide, IWHC tends to behave like a “transnational lobby” – a large service structure connecting movements and institutions globally. Both WGNRR and IWHC seek to strengthen civil society’s voice by interfacing with policy-makers. Again, they do it in a different way and using different languages: in the documents produced by IWHC there is no critique of the economic status-quo; while WGNRR adopts a radical approach to overcome neo-liberalism and patriarchy. IWHC assumes a reformist standpoint to social justice: in its vision social change means relocating resources and improving efficiency and cost-effectiveness in public health services. In WGNRR’s vision, the uneven structure of society, its priorities and values need to undergo a deep change.

The two women’s networks on health that we have examined have in common the feature of being both women-centred and to have developed a genuinely “gendered” approach in their struggle.<sup>25</sup> This is important,

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<sup>25</sup> Surprisingly, the general goal among all respondents is to improve women’s health status, but just 2 networks self-define themselves as ‘feminist’. The ‘women’s movement’ and

given the fact that many transnational advocacy groups are often gender-blind or gender-weak in their analysis.<sup>26</sup>

Following their mission patterns, both WGNRR and IWHC have made an influential use of research and data to empower their members and confront public policy. By generating data and challenging existing categories, they forced a shift in mainstream perceptions of their role, and gender inequalities in health, building and developing women-centred solutions. This has been a fundamental strategy of both organizations. WGNRR, in particular, has created new forms of partnership between grassroots actors and NGOs, private and public institutions, scholars and researchers, governments and multilateral agencies. What distinguishes the relationships between networks and partners has to do with the degree of democracy implied. WGNRR builds partnerships between 'equals' – each bringing to the engagement different forms of power, which is acknowledged by all members. The partnership with researchers and experts, combined with a solid grassroots base, has enhanced their access to and impact on public policy at the international level.

We may have new developments in the debate about the relations between institutions and social movements, deepening our research: some transnational networks, for what we can see now, seem to behave as institutions regarding tactics and strategies – and like social movements in values and long-term goals. This intuition may become a hypothesis for further research on transnational networks – be they on gender and health or other social, economic, racial inequalities.

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'women's interests' are a common ground which does not imply subscribing a feminist theory of political difference in the collective organizing and mobilizing. On the other hand, we may as well add that many individual activists recognize themselves as feminists.

<sup>26)</sup> Dhanraj, Batliwala, and Misra 2002.

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